	Substitute for Form PTO-875												Application or Docket Number				
APPLICATION AS FILED - PART I													10/695/9/				
		OR	(Column 1) NUMBER FILED			(Column 2)			SMALL ENT			Υ	OR	OTHER THAN SMALL ENTITY			
	BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCH FEE		- Company (CED)		NUMBER EXTRA			RAT		FEE	(\$)		RATE (\$)		FEE (\$)		
•	EXAMINATION FEE		<del> </del>					$\dashv$	<del>-   </del>		+-	$\dashv$			<u> </u>	155	(3)
	(37 CFR 1.16(0), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(i))		<del> </del>								<del> </del>	$\dashv$	į				_
	INDEPENDENT CLAIMS (37 CFR 1.16(h))		minus 20 = . minus 3 =		·			х	-			OR	x	_		$\dashv$	
	APPLICATION FEE	If the specification and drawings exceed sheets of paper, the application size fee is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. 35 U.S.C. 41(a)(1)(G) and 37 CFP			rawin licatio	wings exceed 100		x			-		х				
	(37 CFR 1 16(s				for each	₽					-		-				
	CE DEPENDENT CLAIM PRESENT (37 CFR					(i))		1	<del> </del>			$\dashv$	-		1		
0	* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTA	ıL		$\dashv$	L		+		4	
	APPLICATION AS AMENDED - PART II									•				TOTAL	L		4
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	Z Total V Total IST CFR 1 16(4)	AF AMEN		Minus	PREVICE PAID I	USLY	PRESENT EXTRA		RATE (		ADDI- TIONAL		Γ	RATE (\$)		ADDI-	1
	Independent (37 CFR 1 16(h)		-	Minus	29	?	-		<u> </u>	-	FEE (\$)		上	50	FEE (\$)		4
					CFR 1.16(s))				× 100 =		01		×	× 200 =			+
H	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 160))									F		1	F				1
L	(Column 1)								OTAL DD'L FEE			OR	101	TAL D'L FEE	-		-
8	1	CLAIN REMAIN	IS ING		(Columi HIGHES NUMBE	T	(Column 3) PRESENT	_				-4 7	~U(	) L FEE	L		
AMENDMENT	Total (37 CFR 1 16(1))	AFTER AMENDM	ENT	nus	PREVIOUS PAID FO	R R	EXTRA	ļ f	CATE (\$)	TIC	DDI- DNAL E (\$)		RA	\TE (\$)		DDI- DNAL	
	Independent (37 CFR 1 16(h))			nus		$\dashv$	-	X	=		<i>1</i>	OR	×			E (\$)	
A	Application Size Fee (37 CFR 1.16(s))  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 137 CFR 1.15(1)							×		<u> </u>		OR	x				
	MST PRESENT	ATION OF MUL	TIPLE DEP	ENDENT	CLAIM			-			]						

If the entry in column 1 is less than the entry in column 2, write "0" in column 3

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Scollection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the number which The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

OR

TOTAL ADD'L FEE

If you need assistance in completing the form, call 1-500-PTO-9199 and select option 2